

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90184 044 \*\*\*150.00

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**DOCUMENT # P95000090832**

**1. Entity Name**  
**ARGENTUM OF SOUTH BEACH, CORPORATION**

<b>Principal Place of Business</b> 2070 NW 79TH AVE #205 MIAMI FL 33122 US	<b>Mailing Address</b> 2070 NW 79TH AVE #205 MIAMI FL 33122 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 8115 NW 29 Street Suite, Apt. #, etc.	<b>3. Mailing Address</b> 8115 NW 29 Street Suite, Apt. #, etc.
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<b>City &amp; State</b> Miami, FL	<b>City &amp; State</b> Miami, FL	<b>4. FEI Number</b> 65-0621045	<b>Applied For</b> Not Applicable
<b>Zip</b> 33122	<b>Country</b> U.S.	<b>Zip</b> 33122	<b>Country</b> U.S.
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> RIGOTTI, MARIA A 671 NE 195TH STREET APT 125 N MIAMI BEACH FL 33179	<b>7. Name and Address of New Registered Agent</b> Name: RAFAEL J. FERNANDEZ Street Address (P.O. Box Number is Not Acceptable): 4143 SW 74 CT, Ste. C City: Miami FL Zip Code: 33155
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**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.**

SIGNATURE: Rafael J. Fernandez DATE: 2/10/02  
Signature, typed or printed name of registered agent and job if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIGOTTI, MARIA 671 NE 195TH STREET APT 125 N MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rigotti, Maria 8115 NW 29 Street Miami, FL 33122 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FRANZEZE, PABLO B 671 NE 195TH STREET APT 125 N MIAMI BEACH FL 33179 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Iliana Perez 8115 NW 29 Street Miami, FL 33122 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** [Signature] **REQUIRED** 03/26/02 (305) 470 1218  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)